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ABSTRACT

Although a connection between physical health and emotional well-being has long been recognized, health caregivers have only recently begun to focus on the influence of illness or disability on attitudes and behaviors. Groups have been organized for therapeutic, supportive, or orientational purposes with general medical-surgical patients. Group work for the medically ill may serve not only to prepare members to understand and use medical technology but also to assist them in accepting change in their health status and in continuing as a functional part of the family and community. The holistic health movement lends impetus to the use of group interventions by providing evidence that the presence of an empathic support system may have beneficial effects on physiological functioning, and that information may aid ill persons to retain a perception of control over their health, thus promoting optimal physical functioning. Investigations of group work in medicine have revealed nine therapeutic factors which can help patients: information, clarification, universality, catharsis, peer support, interaction, helper therapy, modeling, and confrontation. Data from these studies suggest that the use of groups for psychosocial intervention is an effective tool in the care of the physically ill. (NRB)

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THE USE OF GROUPS FOR PSYCHOSOCIAL INTERVENTION WITH MEDICAL/SURGICAL PATIENTS

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The Use of Groups for Psychosocial Intervention With Medical/Surgical Patients

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The connection between physical health and emotional well-being has long been recognized. Characteristic emotional or personality patterns have been found to be associated with destructive physical processes such as peptic ulcers, ulcerative colitis, and myocardial infarction, to name just a few. In addition, health care givers have recently begun to focus on the influence of illness or disability on a person's attitudes and behaviors. Nearly every person receives medical care for a physical condition at some time in his/her life. The counseling and support that people receive can determine whether their responses to illness are adaptive or maladaptive; indeed the very efficacy of medical treatment is often dependent on the psychological condition and social disposition of the patient.

The use of groups of persons in the treatment of behavioral problems, psychiatric disorders, or family crisis is readily accepted as a psychotherapeutic modality. The suggestion that groups be organized for therapeutic or supportive or orientational purposes with general medical-surgical patients is not as well known. Between 1970 and the present, a number of studies -- and growing each year -- have described the use of groups as part of medical treatment by physicians, nurses, physical therapists, social workers, and psychologists. In these studies the influence of group members on each other was noted repeatedly, suggesting that there are unique contributions from group interaction which are not found through individual help or through traditional science-based doctor-patient encounters.

Group Work as Intervention

As the medically ill person works through the tasks of accepting medical intervention and later returning to the family and to productive work and the community, he or she may gain from the unique contributions of group psycho-social intervention. It is helpful to divide group work in medicine into two categories,

according to their purposes. These can be designated as preparatory groups and adaptive groups.

Preparatory group meetings are planned to assist the person who is anticipating a health-related event such as surgery or childbirth. The group provides an opportunity to share information about the event or procedure, learn techniques for solving anticipated problems, and acquaint the participant with both the process and the personnel they will meet. The group leader may include discussions of feelings or experiences, but there is not heavy reliance on the group for support or emotional catharsis. An example of a preparatory group: Schmitt scheduled presurgery meetings with patients during which she explained the operative procedure, encouraged their use of medication for pain relief during the early post-operative period, and explained other ways they could minimize their discomfort immediately after surgery (Schmitt & Wooldridge, 1973). Nor are the gains merely informational. In such a setting when patients realize their common circumstances they share their apprehensions, evaluate their responses to the diagnosis and prognosis, and discover that their own situations are far from unique. The learning and emotional relief values of these exchanges are great, with ultimate payoff in better receptivity to and cooperation in treatment, more optimistic outlook, and fewer instances of relapse.

The adaptive group is planned to help patients whose illness may have long-term consequences and who must face their disability and maintain or re-establish work-related or other interpersonal relationships with significant others. The adaptive group is less structured, of longer duration, and makes use of group cohesiveness and shared experience to provide emotional support. Examples of adaptive groups are the group for stroke patients and their families (D'Afflitti & Weitz, 1974) and group work with emphysema patients, some of whom were terminally ill (Parry & Kahn, 1976). The adaptive group members share with those in preparatory groups the need to see themselves as capable of functioning effectively in caring for their health needs. In addition, adaptive groups attempt to help their members incorporate

loss, disability or change into their self-concept, and encourage them to work through their concerns over others' expectations of them. The goals and purposes of the group vary with the diagnosis, the situation confronting the participants, their expressed needs and concerns, and the leader's skills and philosophy. Those variables, in turn, determine the type of group most appropriate for the patient and suggest which of the therapeutic factors activated through group interaction may be most successfully brought to bear.

Therapeutic Factors in Small Group Work

Nine therapeutic factors can be identified by reviewing the observations of researchers and the patient comments cited in the clinical studies of group interventions published over the past 12 years. The term "therapeutic factor" has been used in group psychotherapy to refer to the process that "contributes to the improvement of the patient's condition and is regarded as a function of the actions of the therapist, the other members of the group, and the patient himself" or herself (Bloch, Crouch, & Reibstein, 1981). Bloch et al. distinguish therapeutic factors from conditions for change (such as members' attendance) or techniques, which are the strategies that the therapist may adopt in order to bring the therapeutic factors into operation. Although the therapeutic factors are presented here as discrete dimensions, the distinctions among them are not clear-cut, nor do they operate independently of one another.

Information

Laboratory studies of responses to noxious stimuli (e.g. injections, electric shock) indicate that the majority of persons prefer information regarding both the timing and the sensations of an impending threatening experience. In a hospital setting, Johnson, Rice, Fuller, and Endress (1978) found that informing cholecystectomy patients of the sensations they would probably experience post-operatively significantly reduced the length of post-operative hospitalization and the length of time the patient remained housebound after hospital discharge. Other studies have also in-

dicated that information about the physical sensations the person would probably experience after surgery, plus techniques that he or she might use to control pain or discomfort, resulted in more rapid hospital discharge and less need for pain medication (Egbert, Battit, Welch, & Bartlett, 1964; Schmitt & Wooldridge, 1973). Information about an anticipated event can diminish the person's fear of it and may be used to maintain a sense of control over the experience. In a preparatory group, information is often provided by the leader's use of a structured program of instruction. Adaptive groups are usually less structured, and members may ask for information as they experience a need for it. Helpful information includes not only facts about disease, medical procedures, and hospital routines, but a description of emotional needs as well.

New group members may draw on the knowledge of more experienced members when learning new skills or gaining information. The special contribution of the group in teaching renal dialysis patients and their families has been observed in that family members seemed to learn far better from peers than from professionals, and were better able to cope after sharing experiences with one another (Hollon, 1972; Sorensen, 1972).

Clarification

As the duration or severity of a health condition increases, the specific problems associated with it may also become more intense. The person attempting to alter living patterns to accommodate functional loss at the same time that he or she is working through grief caused by an awareness of the loss may feel awash with anger, discouragement, and helplessness. The wide array of problems characteristic of chronic or terminal illness can be overwhelming: management of pain, relationships with family and friends, participation in therapeutic surgical or medical intervention, and maintenance of independence (Spiegel, Bloom, & Yalom, 1981). By identifying specific problems, establishing priorities, and focusing the person's problem-solving resources, it may be possible to diminish anxiety and the sense of helplessness. A group may be

able to encourage its members to be open in sharing their experiences through their close relationships, reciprocity, and interpersonal attraction (Bloch et al., 1981). As the members are able to self-disclose, they can draw on the group for clarification of problems and for practical solutions that others have found to be helpful.

Universality

Interaction with a group provides the ill or disabled person with an opportunity to compare his or her feelings and perceptions with those of others who face similar problems. Citing "universality" as a therapeutic gain in group psychotherapy, Yalom has observed that the members' awakening awareness that their experiences were not unique was a "powerful source of relief" (1975, p. 7). This contribution of the group was identified by several clinical observers (Buchanan, 1975; Henkle, 1975; Parsell & Tagliareni, 1974; Singler, 1975). The group offers two valuable perspectives to its members: how others experience the disease or intervention, and how members perceive each other. Members of a group established for persons who had recently experienced heart attacks were able to confront one another over excuses they offered for noncompliance with essential routines (Rahe, Tuffli, Suchor, & Arthur, 1973). Members of another group gained courage from observing the progress of those who suffered disabilities similar to their own (Bouchard, 1972). Solutions for practical problems and the recognition of non-facilitative behavior patterns were frequently shared among members. The group also afforded an opportunity for leaders or members to suggest novel ways of perceiving themselves in relationship to the disease. For example, Campbell and Sinha (1980) attempted to change members' perception so that illness was viewed as a challenge, rather than an enemy. They presented illness as a problem-solving task.

Catharsis

There is frequently a strong need, particularly among those persons facing chronic illness or disability, to express feelings of despair, anger and helplessness. Members appear to gain relief from the expression and sharing of feelings, particularly those

feelings that are painful or possibly unacceptable. Clinical researchers have noted that the opportunity to ventilate anger and despair led to more balanced thinking and planning as the group members were encouraged to focus on their remaining potential (Bilodeau & Hackett, 1971; D'Afflitti & Weitz, 1974; Kelly & Ashby, 1979). Some of the groups also afforded their members a safe means of working through the hostility and anger toward the medical establishment that is often generated by chronic illness. The opportunity for expression of negative feelings appeared to facilitate patient-staff communications, and heightened staff awareness of the needs and the strengths of the patients (Lonergan, 1980; Oradei & Waite, 1974).

Peer Support

Feelings of isolation commonly accompany physical illness. Patients express the belief that others who have not felt the pain, fear, and helplessness associated with their malady cannot understand their experience. These persons may benefit from the opportunity to share with others who face a similar health impairment. Cohesiveness often develops rapidly in a group composed of those who have similar problems. The deep concern that patients develop for one another diminishes their isolation and helps them to accept loss and to move on. Disease causes increased strain on family and marital relationships. With the increased dependency on doctors and mechanical equipment, peer support becomes increasingly important.

Groups with open-ended or revolving membership can offer special advantages in peer support. The encouragement and teaching of the more experienced group members may help a newly disabled member to develop and rehearse new skills in a setting that is not threatening. For example, an amputee may practice with one hand those activities that he or she will need to be able to perform routinely after hospital discharge. Others in the group can provide support and suggestions. In another situation, the practice may take the form of learning to articulate needs clearly, to improve listening skills, or to set limits for self or others. Group supportive feedback provides the mechanism by which a person may examine and evaluate new

behavior patterns.

Interaction

Increased dependency may cause a person to avoid dealing directly with problems that arise in relationships with others when he or she can not risk alienating them. Group interaction provides training in listening to others without judging them, and in communicating one's own needs clearly. It may also be used as a medium for settling problems between patients and staff or among patients in a long-term hospital setting.

Groups which include family members provide the opportunity to examine patterns of communication between patient and family. The group can provide feedback to correct behaviors or attitudes that are not facilitative, and family members can be encouraged to express feelings and to indicate the ways they believe other members might be helpful. An increasing number of groups have been planned for family members only, to meet their need for information about the illness and related hospital procedures and routines, to facilitate members' sharing concerns and stresses related to the illness, and to give emotional support to the family (Bayley & Moore, 1980; D'Afflitti & Swanson, 1975).

Helper Therapy

Group members function not only as receivers, but also as givers of help. Participation in a group encourages the members to focus on needs beyond their individual selves, and each gains an increased sense of personal worth from realizing that he or she has something of value to offer other members. For handicapped persons who have come to view themselves as dependent on family and community, the opportunity to feel needed and useful represents a significant stimulus for changed self-concept. When specific skills are necessary, such as those required of families performing home hemodialysis, members actually teach one another. The more experienced families gain in self confidence by relating the ways they have solved disturbing or unexpected problems (Hollon, 1972).

Modeling

When groups are used to assist persons to adapt to a specific medical illness, cohesiveness often develops quite rapidly as the members recognize shared experiences and problems. In a cohesive group, members are eager to meet the expectations of the group. Other members' successes provide a yardstick against which persons may measure their own performance. The accomplishments of others also offer hope to persons struggling with the same problems or handicaps.

In the open-ended, ongoing group that accepts new members during its course, modeling is facilitated by the periodic influx of new members with varying degrees of experience. In a closed group, a similar variation of skill levels may be attained by composing the group of members with different levels of readiness and competence regarding the task of the group.

Confrontation

The person with a chronic disease or handicap can plan more effectively if his or her assessment of personal strengths and limitations is relatively accurate. Without forcing the person to give up a defense that is still needed, the group may be able to assist its members to view the future more realistically. The group may need guidance from the leader in distinguishing between potentially harmful confrontation that forces a group member to accept reality for which he or she may not be prepared, and helpful confrontation with here-and-now behavior patterns that are not facilitative for oneself. Patterns of dependency or other maladaptive behavior may be challenged through feedback from the leader or the group, resulting in changes that are more satisfying for the person and his or her family.

There is often a wide discrepancy, particularly in persons with a handicap, between one's own concept of self and one's ideal self image. The group helps to narrow that distance, both by enhancing self-concept and by promoting a more appropriate ideal image (Mann, Godfrey, & Dowd, 1973). Information about the course of the disease and an accurate appraisal of the prognosis encourage realistic

planning. Although death is a constant possibility in many chronic diseases, people are not helpless victims; they can contribute much to the final outcome. With knowledge of the purpose and necessity for medications, diet, exercise, and rest regimens, the patient can plan life-style changes with the support and encouragement of the group.

Conclusion

Group work for the medically ill may serve not only to prepare members to understand and utilize medical technology but also to assist them in accepting change in their health status and in continuing as a functional part of family and community. The holistic health care movement lends impetus to the use of group interventions by providing evidence that the presence of an empathic support system may have beneficial effects on physiological functioning, and that information may aid ill persons to retain a perception of control over their health, thus promoting optimal physical functioning. Investigations of group work in medicine over the past 12 years offer a rich variety of patient diagnoses and leader styles in groups that have been perceived as helpful by most of the members. Experimental studies and case reports have shown improved physiological functioning, fewer instances of relapse and complications, shorter hospitalization, less pain medication required after surgery,and other salutary results which suggest that the use of groups for psychosocial intervention is an effective tool in the care of the physically ill person.

The nine therapeutic factors identified for group work build in productive and predictable ways toward patient improvement that reinforces and enhances and extends basic medical treatment.

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